

**Fill in this information to identify your case:**

Debtor 1	<b>Russell E. Schickling</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kathy L. Schickling</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF IOWA</b>			
Case number (if known)	<b>16-00997</b>		

☒ Check if this is an amended filing

**Official Form 106Sum**

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>600,220.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>23,081.92</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>623,301.92</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$	<b>449,353.92</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$	<b>96,000.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$	<b>126,529.13</b>
<b>Your total liabilities</b>		<b>\$ 671,883.05</b>

**Part 3: Summarize Your Income and Expenses**

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I.....	\$	<b>6,746.49</b>
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J.....	\$	<b>2,370.99</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. What kind of debt do you have?
- ☐ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 **Russell E. Schickling**

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the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 96,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00

9g. **Total.** Add lines 9a through 9f.

\$ 96,000.00

**Fill in this information to identify your case and this filing:**

Debtor 1	<u>Russell E. Schickling</u>		
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Kathy L. Schickling</u>		
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF IOWA</u>			
Case number	<u>16-00997</u>		

☒ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:** Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No. Go to Part 2.

☒ Yes. Where is the property?

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

1.1

**28105 - 225th St**

Street address, if available, or other description

**Le Claire** **IA** **52753-0000**

City State ZIP Code

**Scott**

County

What is the property? Check all that apply

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

**\$240,220.00**

Current value of the portion you own?

**\$240,220.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Homestead located at 28105-225th Street, LeClaire, Iowa, 52753 and legally described as: Outlot "A" of Auditor's Plat of Hollister's Land, as shown by Plat thereof recorded in Book 181 of Miscellaneous at page 446, records of the Office of the Recorder of Scott County, Iowa, also described as: A part of the Southwest Quarter of Section 23, Township 79 North, Range 5 East of the 5th P.M. in Scott County, Iowa, more particularly described as: Commencing at the Northwest corner of the Southwest Quarter of said Section 23; thence South 89° 38' 36" E 243.76 feet along the North line of the Southwest Quarter of said Section 23 to the point of beginning; thence South 73° 45' 58" East 199.49 feet to a point; thence South 89° 23' 02" East 368.01 feet to a point; thence South 00° 38' 00" East 56.25 feet to a point; thence North 89° 07' 43" West 368.05 feet to a point; thence North 60° 07' 34" West 221.58 feet to the point of beginning, containing 0.59 acres more or less and subject to easements of record.

AND

Outlot "B" of Auditor's Plat of Hollister's Land, as shown by the Plat thereof recorded in Book 181 of Miscellaneous at page 446, records of the Office of the Recorder of Scott County, Iowa.

Debtor 1 Russell E. Schickling  
Debtor 2 Kathy L. Schickling

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If you own or have more than one, list here:

1.2

207 N. Cody St

Street address, if available, or other description

Le Claire IA 52753-0000

City State ZIP Code

Scott

County

What is the property? Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☒ Other Restuarant

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$360,000.00  
Current value of the portion you own? \$360,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Real estate located at 207 N. Cody Street, LeClaire, Iowa, 52753 and legally described as: Commencing at the Northwest corner of Lot 3, Block 2 of the Original Town of LeClaire, Scott County, Iowa, thence South along the West line of said Lot 3 a distance of 5 feet to the point of beginning of tract 2; thence South 89 degrees 45 minutes East along a line parallel with and 5 feet normally distant from the North line of said Lot 3 for a distance of 68.8 feet to the westerly right of way line of the Davenport, Rock Island & Northwestern Railway Company tracts; thence South 01 degrees 33 minutes West along said Westerly right of way line a distance of 95.0 feet to the South line of Lot 2 of said Block 2 of the Original Town of LeClaire; thence North 89 degrees 46 minutes West along said South line of said Lot 2 a distance of 66.2 feet to the Southwest corner of said Lot 2; thence North 95.0 feet to the point of beginning. Also conveys those easements for ingress and egress and covenants between Sneaky Pete's Cowboy Steaks, Inc. and the City of LeClaire attached to a Warranty Deed filed May 15, 1991 in the office of the Recorder of Scott County, Iowa, as Document No. 09800-91.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$600,220.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1 Make: Ford  
Model: Econoline E150  
Year: 1999  
Approximate mileage: 272000  
Other information:

VIN# 1FDRE14L9XHA77007

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$600.00  
Current value of the portion you own? \$600.00

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

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3.2 Make: **Ford**  
Model: **Taurus**  
Year: **2002**  
Approximate mileage: \_\_\_\_\_  
Other information: \_\_\_\_\_

Who has an interest in the property? Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

☐ Check if this is community property (see instructions)

**\$600.00**

**\$600.00**

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$1,200.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe.....

**Misc. household goods, furniture and furnishings**

**\$3,500.00**

**Desk, sewing machine, baseball cards (4 shoe boxes), 30 VHS and 8 DVDs, 6 CDs**

**\$250.00**

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☒ No  
☐ Yes. Describe.....

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No  
☐ Yes. Describe.....

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No  
☒ Yes. Describe.....

**2 sets golf clubs, 11 bowling balls, tent, billards equipment, camera**

**\$500.00**

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☐ No

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Debtor 2 **Kathy L. Schickling**

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☒ Yes. Describe.....

**Rugger 38 hand gun**

**\$50.00**

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Wearing apparel**

**\$400.00**

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Wedding rings (\$2,700) and miscellaneous jewelry (1,000)**

**\$3,700.00**

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

**two dogs**

**\$2.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$8,402.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.**

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

**Cash**

**\$300.00**

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

**17.1. Checking Account Ascentra Credit Union checking, Savings**

**\$70.00**

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

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17.2. Savings

**Ascentra Credit Union**

**\$5.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**100% of Sneaky Pete's Woodfire Grille, Inc.**

%

**\$1.00**

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ No

☒ Yes. Give specific information about them...

**Scott County Health Department - Food License**

**\$0.00**



Debtor 1 Russell E. Schickling  
Debtor 2 Kathy L. Schickling

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State Iowa - Liquor License

\$0.00

Money or property owed to you?

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

Northwestern Mutual Life Insurance  
Policy No. XXXXX935.

Kathy Schickling

\$3,842.69

Northwestern Mutual Life Insurance  
Policy No. XXXXX339

Kathy Schickling

\$0.00

Mass Mutual Life Insurance Policy No.  
XXXX672

Russell Schickling

\$1,161.23

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

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36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

**\$5,379.92**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7:** Describe All Property You Own or Have an Interest In That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No

☒ Yes. Give specific information.....

**Kubota Tractor - lawn and garden tractor**

**\$300.00**

**Tools of Trade: Appliances, equipment, tableware, kitchenware, tables, chairs and other personal property used in restaurant business**

**\$7,800.00**

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$8,100.00**

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		<b>\$600,220.00</b>
56. Part 2: Total vehicles, line 5	<b>\$1,200.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$8,402.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$5,379.92</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>+</b> <b>\$8,100.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$23,081.92</b>	Copy personal property total <b>\$23,081.92</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$623,301.92</b>

**Fill in this information to identify your case:**

Debtor 1 Russell E. Schickling  
First Name Middle Name Last Name

Debtor 2 Kathy L. Schickling  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number 16-00997  
(if known)

☒ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
28105 - 225th St Le Claire, IA 52753 Scott County Homestead located at 28105-225th Street, LeClaire, Iowa, 52753 and legally described as: Outlot "A" of Auditor's Plat of Hollister's Land, as shown by Plat thereof recorded in Book 181 of Miscellaneous a Line from <i>Schedule A/B</i> : 1.1	\$240,220.00	<input checked="" type="checkbox"/> \$240,220.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code §§ 561.2, 561.16, 499A.18
1999 Ford Econoline E150 272000 miles VIN# 1FDRE14L9XHA77007 Line from <i>Schedule A/B</i> : 3.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(9)
2002 Ford Taurus Line from <i>Schedule A/B</i> : 3.2	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(9)
Misc. household goods, furniture and furnishings Line from <i>Schedule A/B</i> : 6.1	\$3,500.00	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(5)

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Debtor 2 **Kathy L. Schickling**

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Desk, sewing machine, baseball cards (4 shoe boxes), 30 VHS and 8 DVDs, 6 CDs Line from Schedule A/B: 6.2	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(5)
2 sets golf clubs, 11 bowling balls, tent, billards equipment, camera Line from Schedule A/B: 9.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(5)
Ruggar 38 hand gun Line from Schedule A/B: 10.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(2)
Wearing apparel Line from Schedule A/B: 11.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(5)
Wedding rings (\$2,700) and miscellaneous jewelry (1,000) Line from Schedule A/B: 12.1	\$3,700.00	<input checked="" type="checkbox"/> \$3,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(1)(b)
two dogs Line from Schedule A/B: 13.1	\$2.00	<input checked="" type="checkbox"/> \$2.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(14)
Cash Line from Schedule A/B: 16.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(14)
Checking Account: Ascentra Credit Union checking, Savings Line from Schedule A/B: 17.1	\$70.00	<input checked="" type="checkbox"/> \$70.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(14)
Savings: Ascentra Credit Union Line from Schedule A/B: 17.2	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(14)
100% of Sneaky Pete's Woodfire Grille, Inc. Line from Schedule A/B: 19.1	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(14)
Northwestern Mutual Life Insurance Policy No. XXXXX935. Beneficiary: Kathy Schickling Line from Schedule A/B: 31.1	\$3,842.69	<input checked="" type="checkbox"/> \$3,842.69 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(6)

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Northwestern Mutual Life Insurance Policy No. XXXXX339 Beneficiary: Kathy Schickling Line from Schedule A/B: 31.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code §627.6(6)
Mass Mutual Life Insurance Policy No. XXXX672 Beneficiary: Russell Schickling Line from Schedule A/B: 31.3	\$1,161.23	<input checked="" type="checkbox"/> \$1,161.23 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code §627.6(6)
Kubota Tractor - lawn and garden tractor Line from Schedule A/B: 53.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(5)
Tools of Trade: Appliances, equipment, tableware, kitchenware, tables, chairs and other personal property used in restaurant business Line from Schedule A/B: 53.2	\$7,800.00	<input checked="" type="checkbox"/> \$7,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Iowa Code § 627.6(11)

3. Are you claiming a homestead exemption of more than \$160,375?  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☐ No
- ☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☒ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1 Russell E. Schickling  
First Name Middle Name Last Name

Debtor 2 Kathy L. Schickling  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number 16-00997  
(if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any

**2.1 Ford Motor Credit**

Creditor's Name

PO Box 152271  
Irving, TX 75015

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

2002 Ford Taurus

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) PMSI Title Lien

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred 2002

Last 4 digits of account number \_\_\_\_\_

\$1,100.00

\$600.00

\$500.00

**2.2 Internal Revenue Service**

Creditor's Name

PO Box 21126  
Philadelphia, PA 19114

Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

940 and 941 Taxes

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred 12/31/04 - date

Last 4 digits of account number 8462

\$86,000.00

\$0.00

\$86,000.00

Debtor 1 **Russell E. Schickling**  
First Name Middle Name Last Name  
Debtor 2 **Kathy L. Schickling**  
First Name Middle Name Last Name

Case number (if know) **16-00997**

<b>2.3 Iowa Department of Revenue</b> Creditor's Name  <b>Hoover State Office Building</b> <b>Des Moines, IA 50319</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>Sales Taxes</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	<b>\$7,800.00</b> <b>\$0.00</b> <b>\$7,800.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred _____ Last 4 digits of account number <b>8044</b>		

<b>2.4 Laura T. Lang</b> Creditor's Name  <b>5529 Baraboo Ct.</b> <b>Davenport, IA 52804</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>203 N. Cody Rd., LeClaire, IA and 28105 225th St., LeClaire, IA</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$354,453.92</b> <b>\$0.00</b> <b>\$354,453.92</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		
Date debt was incurred <b>08/20/20110</b> Last 4 digits of account number _____		

<b>2.5 Laura T. Lang</b> Creditor's Name  <b>5529 Baraboo Ct.</b> <b>Davenport, IA 52804</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>28105 - 225th St Le Claire, IA 52753 Scott County Homestead located at 28105-225th Street, LeClaire, Iowa, 52753 and legally described as: Outlot "A" of Auditor's Plat of Hollister's Land, as shown by Plat thereof recorded in Book 181 of</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<b>\$0.00</b> <b>\$240,220.00</b> <b>\$0.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		

Debtor 1 **Russell E. Schickling**  
First Name Middle Name Last Name  
Debtor 2 **Kathy L. Schickling**  
First Name Middle Name Last Name

Case number (if know) **16-00997**

☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit  
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:  
If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$449,353.92**

**\$449,353.92**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code  
**Internal Revenue Service**  
**Associate Area Counsel**  
**1616 Capital Avenue Suite 435**  
**Omaha, NE 68102-4923**  
On which line in Part 1 did you enter the creditor? 2.2  
Last 4 digits of account number \_\_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**Internal Revenue Service**  
**Insolvency Group**  
**210 Walnut Street, Stop 5301**  
**Des Moines, IA 50309-2109**  
On which line in Part 1 did you enter the creditor? 2.2  
Last 4 digits of account number \_\_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**Michael L. Gorsline**  
**Vollertsen, Britt & Gorsline, PC**  
**5119 Utica Ridge Rd.**  
**Davenport, IA 52807**  
On which line in Part 1 did you enter the creditor? 2.4  
Last 4 digits of account number \_\_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**Michael L. Gorsline**  
**Vollertsen, Britt & Gorsline**  
**5119 Utica Ridge Rd.**  
**Davenport, IA 52807**  
On which line in Part 1 did you enter the creditor? 2.5  
Last 4 digits of account number \_\_\_\_\_



Fill in this information to identify your case:

Debtor 1 Russell E. Schickling  
First Name Middle Name Last Name

Debtor 2 Kathy L. Schickling  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number 16-00997  
(if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<u>Iowa Department of Revenue</u> Priority Creditor's Name <u>ATTN: Bankruptcy Unit</u> <u>PO Box 10471</u> <u>Des Moines, IA 50306</u> Number Street City State Zip Code	<u>Last 4 digits of account number</u>	<u>\$96,000.00</u>	<u>\$96,000.00</u>	<u>\$0.00</u>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? _____	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Priority Sales Taxes		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<div>4.1</div> <b>Advanceme, Inc.</b> Nonpriority Creditor's Name <b>c/o Joseph G. Bertroche, Jr.</b> <b>425-2nd Street SE, Suite 940</b> <b>PO Box 155</b> <b>Cedar Rapids, IA 52406-0155</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$24,539.38</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchant Agreement</u>
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<div>4.2</div> <b>Bank of America</b> Nonpriority Creditor's Name <b>PO Box 15726</b> <b>Wilmington, DE 19886-5726</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5999</b> <b>\$3,171.27</b> When was the debt incurred? <u>Periodic</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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<div>4.3</div> <b>Bank of America</b> Nonpriority Creditor's Name <b>PO Box 17220</b> <b>Baltimore, MD 21297-1220</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0611</b> <b>\$1,482.73</b> When was the debt incurred? <u>Periodic</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<b>4.4</b>	<b>Cardiovascular Medicine</b> Nonpriority Creditor's Name <b>PO Box 428</b> <b>Davenport, IA 52805-0428</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3190</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services rendered</b>	<b>\$91.00</b>
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<b>4.5</b>	<b>Discover Card Services</b> Nonpriority Creditor's Name <b>PO Box 15316</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1980</b> When was the debt incurred? <b>Periodic</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b>	<b>\$12,029.33</b>
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<b>4.6</b>	<b>Financial Adjustment Bureau, Inc.</b> Nonpriority Creditor's Name <b>P.O. Box 276</b> <b>612 Jefferson</b> <b>Burlington, IA 52601</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4365</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical - Radiology Group</b>	<b>\$226.98</b>
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<b>4.7</b>	<b>Financial Recovery Services, Inc.</b> Nonpriority Creditor's Name <b>PO Box 385908</b> <b>Minneapolis, MN 55438-5908</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1980</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection - Discover Card</b>	\$4,962.82
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<b>4.8</b>	<b>GEMB</b> Nonpriority Creditor's Name <b>PO Box 960090</b> <b>Orlando, FL 32896-0090</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8401</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b>	\$86.98
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<b>4.9</b>	<b>Genesis Medical Center</b> Nonpriority Creditor's Name <b>PO Box 70</b> <b>Davenport, IA 52805-0070</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2443</b> When was the debt incurred? <b>2/9/07</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services rendered</b>	\$568.40
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.1 0</div>	<b>Genesis Medical Center</b> Nonpriority Creditor's Name <b>P.O. Box 739</b> <b>Moline, IL 61266-0739</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1614</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	\$4,151.62
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.1 1</div>	<b>Gibraltar</b> Nonpriority Creditor's Name <b>400 Skokie Blvd #375</b> <b>Northbrook, IL 60062</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <b>9/17/2014</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Line of Credit</b>	\$52,660.00
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.1 2</div>	<b>H &amp; R Accounts</b> Nonpriority Creditor's Name <b>P.O. Box 672</b> <b>Moline, IL 61265</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection - ORA Orthopedics, PC</b>	\$1,030.91
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<div style="border: 1px solid black; padding: 2px;">4.1 3</div>	<b>H &amp; R Accounts</b> Nonpriority Creditor's Name <b>P.O. Box 672</b> <b>Moline, IL 61265</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2355</u> <b>\$526.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection - Neurology Consultatnt</u>
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<div style="border: 1px solid black; padding: 2px;">4.1 4</div>	<b>Iowa Department of Revenue</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy Unit</b> <b>PO Box 10471</b> <b>Des Moines, IA 50306</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$1,097.63</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured Tax Penalties and Interest</u>
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<div style="border: 1px solid black; padding: 2px;">4.1 5</div>	<b>Kimberly Park Dental Assoc.</b> Nonpriority Creditor's Name <b>3512 Jersey Ridge Road</b> <b>Davenport, IA 52807</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$2,387.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Services rendered</u>
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

4.1  
6

**Kohl's Payment Center**

Last 4 digits of account number **2636**

**\$352.82**

Nonpriority Creditor's Name

**PO Box 2983**

When was the debt incurred? **Periodic**

**Milwaukee, WI 53201-2983**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☒ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Credit card purchases**

4.1  
7

**Medic EMS**

Last 4 digits of account number **9001**

**\$436.47**

Nonpriority Creditor's Name

**PO Box 309**

When was the debt incurred?

**Orion, IL 61273-0309**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Medical**

4.1  
8

**Metropolitan Medcial Laboratory**

Last 4 digits of account number **7372**

**\$108.15**

Nonpriority Creditor's Name

**P.O. Box 128**

When was the debt incurred?

**Davenport, IA 52805-0128**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **Medical**

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.1 9</div>	<b>ORA Orthopedics</b> Nonpriority Creditor's Name <b>2300 53rd Ave., Ste. LL04</b> <b>Bettendorf, IA 52722</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6651</b> <span style="float: right;"><b>\$55.00</b></span> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 0</div>	<b>Ortho &amp; Rheuma Assoc PC</b> Nonpriority Creditor's Name <b>3565 Utica Ridge Road</b> <b>Bettendorf, IA 52722</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9848</b> <span style="float: right;"><b>\$143.63</b></span> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services rendered</b>
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 1</div>	<b>Orthopaedic Specialists</b> Nonpriority Creditor's Name <b>3385 Dexter Ct Ste. 300</b> <b>Davenport, IA 52807-3471</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <span style="float: right;"><b>\$929.36</b></span> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services rendered</b>
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 2</div>	<b>Pearl Capital</b> Nonpriority Creditor's Name <b>9th Floor, 100 William St New York, NY 10038</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify _____	<b>\$3,000.00</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 3</div>	<b>Premier MRI Center, Inc.</b> Nonpriority Creditor's Name <b>3565 Utica Ridge Road Bettendorf, IA 52722</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2543</b> When was the debt incurred? <b>Various</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify <b>Services rendered</b>	<b>\$210.76</b>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 4</div>	<b>Quad Cities Nephrology Associates, LLC</b> Nonpriority Creditor's Name <b>400 John Deere Rd. Moline, IL 61265-6898</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9647</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other, Specify <b>Medical</b>	<b>\$205.04</b>
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 5</div>	<b>Radiology Group Imaging</b> Nonpriority Creditor's Name <b>1970 E. 53rd Street</b> <b>Davenport, IA 52807</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0120</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services rendered</b>	\$313.51
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 6</div>	<b>TPC Cash &amp; Carry</b> Nonpriority Creditor's Name <b>2160 E. 53rd Street</b> <b>Davenport, IA 52807</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Judgment</b>	\$11,200.00
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 7</div>	<b>Tri State Adjustment</b> Nonpriority Creditor's Name <b>440 Challenge Street</b> <b>Freeport, IL 61032</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>286M</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection - Genesis Home Medical Equipment</b>	\$160.50
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 8</div>	<b>Trinity Medical Center</b> Nonpriority Creditor's Name <b>Payment Processing Center-PMD</b> <b>PO Box 219714</b> <b>Kansas City, MO 64121-9714</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0000</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services rendered</b>	<b>\$268.49</b>
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<div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4.2 9</div>	<b>Wal-Mart</b> Nonpriority Creditor's Name <b>PO Box 530927</b> <b>Atlanta, GA 30353-0927</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2528</b>  When was the debt incurred? <b>Periodic</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b>	<b>\$133.35</b>
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**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>Discover</b> <b>PO Box 30395</b> <b>Salt Lake City, UT 84130-0395</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.5</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>H &amp; R Accounts, Inc.</b> <b>7017 John Deere Parkway</b> <b>PO Box 672</b> <b>Moline, IL 61266-0672</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.20</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>H &amp; R Accounts, Inc.</b> <b>7017 John Deere Parkway</b> <b>PO Box 672</b> <b>Moline, IL 61266-0672</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.21</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if know) **16-00997**

Name and Address  
**H & R Accounts, Inc.**  
**7017 John Deere Parkway**  
**PO Box 672**  
**Moline, IL 61266-0672**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**James S. Zmuda**  
**Califf & Harper**  
**506 - 15th St. Ste. 600**  
**Moline, IL 61265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Joseph Betroche**  
**222 3rd Ave SE**  
**Cedar Rapids, IA 52401**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Ortho & Rheuma Assoc PC**  
**1414 West Lombard**  
**Davenport, IA 52804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Thomas C. Hill**  
**Attorney at Law**  
**1987 Spruce Hills Drive**  
**Bettendorf, IA 52722**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Trinity Medical Center**  
**Payment Processing Center - PMD**  
**10604 Justin Drive**  
**Des Moines, IA 50322-3755**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>96,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
6e. Total Priority. Add lines 6a through 6d.		6e.	\$ <u>96,000.00</u>
		<b>Total Claim</b>	
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>126,529.13</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>126,529.13</u>

<b>Fill in this information to identify your case:</b>			
Debtor 1	<b>Russell E. Schickling</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Kathy L. Schickling</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF IOWA</b>			
Case number (if known)	<b>16-00997</b>		

☒ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.2	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.3	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.4	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.5	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	

**Fill in this information to identify your case:**

Debtor 1	<b>Russell E. Schickling</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Kathy L. Schickling</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF IOWA</b>			
Case number (if known)	<b>16-00997</b>		

☒ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1 **Sneaky Pete's**  
207 N. Cody Rd.  
Le Claire, IA 52753

- ☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.2  
☐ Schedule G \_\_\_\_\_  
**Bank of America**

3.2 **Sneaky Pete's**  
207 N. Cody Rd.  
Le Claire, IA 52753

- ☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.1  
☐ Schedule G \_\_\_\_\_  
**Advanceme, Inc.**

3.3 **Sneaky Pete's**  
207 N. Cody Rd.  
Le Claire, IA 52753

- ☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.26  
☐ Schedule G \_\_\_\_\_  
**TPC Cash & Carry**

Debtor 1 Russell E. Schickling  
Kathy L. Schickling

Case number (if known) 16-00997

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
*Check all schedules that apply:*

3.4 **Sneaky Pete's**  
207 N. Cody Rd  
Le Claire, IA 52753

☒ Schedule D, line 2.2  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Internal Revenue Service**

3.5 **Sneaky Pete's**  
207 N. Cody Rd.  
Le Claire, IA 52753

☒ Schedule D, line 2.3  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Iowa Department of Revenue**

Fill in this information to identify your case:

Debtor 1 Russell E. Schickling

Debtor 2 Kathy L. Schickling  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number 16-00997  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed  
☐ Not employed

Restaurateur

Russell Schickling d/b/a Sneaky Pete's

207 N. Cody Rd.  
Le Claire, IA 52753

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Bartender/Waitress

Russell Schickling d/b/a Sneaky Pete's

207 N. Cody Rd.  
Le Claire, IA 52753

How long employed there? 15 years

24 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,900.00</u>	\$ <u>3,000.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	\$ <u>3,900.00</u>	\$ <u>3,000.00</u>



Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

Copy line 4 here

For Debtor 1	For Debtor 2 or non-filing spouse
4. \$ 3,900.00	\$ 3,000.00

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ 971.89	\$ 681.62
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h. \$ 0.00	\$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ 971.89 \$ 681.62

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 2,928.11 \$ 2,318.38

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm  
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

8b. Interest and dividends

8b. \$ 0.00 \$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ 0.00

8d. Unemployment compensation

8d. \$ 0.00 \$ 0.00

8e. Social Security

8e. \$ 0.00 \$ 0.00

8f. Other government assistance that you regularly receive  
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  
Specify:

8f. \$ 0.00 \$ 0.00

8g. Pension or retirement income

8g. \$ 0.00 \$ 0.00

8h. Other monthly income. Specify: Lease of Business Equipment to Sneaky Pete's

8h. \$ 1,500.00 \$ 0.00

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ 1,500.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

10. \$ 4,428.11 + \$ 2,318.38 = \$ 6,746.49

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify:

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ 6,746.49

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.

☒ Yes. Explain:

Stated wages are an average of projected cash flow received throughout the year, but actual cash flow by Sneaky Pete's Steakhouse (net of taxes) will be: \$1500.00 per month each October through February; \$3,500 each March and April; \$5,500 per month every May and September; and \$10,000 each June, July and August, initially, but rising over the term of the plan to afford Debtors the ability to make the scheduled plan payments. Stated taxes are an estimate of the income tax obligations payable on all compensation.

**Fill in this information to identify your case:**

Debtor 1 Russell E. Schickling

Debtor 2 Kathy L. Schickling  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number 16-00997  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

23

☐ No

☒ Yes

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

Son

25

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 234.50

4b. Property, homeowner's, or renter's insurance

4b. \$ 99.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 125.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Russell E. Schickling**  
 Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 172.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 173.29
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 350.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 75.00
10. Personal care products and services	10. \$ 80.00
11. Medical and dental expenses	11. \$ 125.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 240.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 20.00
14. Charitable contributions and religious donations	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 143.00
15b. Health insurance	15b. \$ 468.00
15c. Vehicle insurance	15c. \$ 66.20
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other: Specify: _____	21. +\$ 0.00
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 2,370.99
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 2,370.99
23. Calculate your monthly net income.	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ 6,746.49
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 2,370.99
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 4,375.50
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1	<u>Russell E. Schickling</u>		
	First Name	Middle Name	Last Name
Debtor 2	<u>Kathy L. Schickling</u>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF IOWA</u>		
Case number	<u>16-00997</u>		
(if known)			

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Russell E. Schickling

Russell E. Schickling  
Signature of Debtor 1

Date August 2, 2016

X /s/ Kathy L. Schickling

Kathy L. Schickling  
Signature of Debtor 2

Date August 2, 2016

**Fill in this information to identify your case:**

Debtor 1 Russell E. Schickling  
First Name Middle Name Last Name

Debtor 2 Kathy L. Schickling  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number 16-00997  
(if known)

☒ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

1. What is your current marital status?

- ☒ Married  
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there:	Debtor 2 Prior Address:	Dates Debtor 2 lived there:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$3,600.00	\$8,257.44

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015 )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$10,400.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$23,639.00</b>
	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$872,134.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$0.00</b>
For the calendar year before that: (January 1 to December 31, 2014 )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$7,600.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$26,450.00</b>
	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$898,614.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$0.00</b>

5. Did you receive any other income during this year or the two previous calendar years?  
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?
- ☒ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?
- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
- \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.
- ☐ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  
 During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 Russell E. Schickling  
Debtor 2 Kathy L. Schickling

Case number (if known) 16-00997

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Gilbratar 400 Skokie Blvd #375 Northbrook, IL 60062	Daily Payments on factored credit cards paid by Sneaky Pete's Woodfire Grille, Inc.	\$14,700.00	\$52,660.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__
Pearl Capital 9th Floor, 100 William St New York, NY 10038	\$1000 per week paid by Sneaky Pete's Woodfire Grille, Inc.	\$13,000.00	\$3,000.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Laura Lang v. Russell Shickling, et al. 07821EQCE126613	Foreclosure	Scott County District Court 416 W. 4th Street Davenport, IA 52801	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
H & R Accounts v. Russell and Kathy Schickling 07821SCSC183693	Small Claims	Scott County District Court 416 W. 4th Street Davenport, IA 52801	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
IRS Department of the Treasury Ogden, UT 84201-0010	Explain what happened Garnishment/Levy for 941 tax	04/2016	\$2,800.00
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
H. J. Dane KSTT Place 1111 E. River Drive Davenport, IA 52803 hjdane@hjdane.com	\$2,000 - see form 2030 for additional details.	5/5/16	\$2,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
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19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Name of Storage Facility	Who else has or had access to it?	Describe the contents	Do you still have it?
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Owner's Name	Where is the property?	Describe the property	Value
Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, State and ZIP Code)		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you know it	Date of notice
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you know it	Date of notice
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title	Court or agency	Nature of the case	Status of the case
Case Number	Name		
	Address (Number, Street, City, State and ZIP Code)		

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer identification number Do not include Social Security number or ITIN. Dates business existed
Sneaky Pete's Cowboy Steaks, Inc. 207 N. Cody Rd. Le Claire, IA 52753	Restaurant Ron Lee	EIN: XXX-XX-5962 From-To 05/2016
Sneaky Pete's Woodfire Grill 207 N. Cody Rd. Le Claire, IA 52753	Restaurant Ron Lee	EIN: XX-XXX6882 From-To 06/2010 -05/2016
Sneaky Pete's Bar & Grill 207 N. Cody Rd. Le Claire, IA 52753	Restaurant Ron Lee	EIN: XX-XXX6716 From-To 06/2007 - 06/2010

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Russell E. Schickling  
Russell E. Schickling  
Signature of Debtor 1

/s/ Kathy L. Schickling  
Kathy L. Schickling  
Signature of Debtor 2

Date August 2, 2016

Date August 2, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

Debtor 1 **Russell E. Schickling**  
Debtor 2 **Kathy L. Schickling**

Case number (if known) **16-00997**

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Southern District of Iowa

In re Russell E. Schickling  
Kathy L. Schickling

Debtor(s)

Case No. 16-00997

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>15,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>1,690.00</u>
Balance Due .....	\$	<u>13,310.00</u>

2. \$ 310.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- b. [Other provisions as needed]  
**Services include uncontested reaffirmation agreements, redemptions, and relief from stay actions, notices in state courts, credit reports, recovery of exempt garnished funds, defense of claimed exemptions, and negotiations with creditors and trustee to effectuate the foregoing. In Chapter 13 cases, the estimated fee compensates the attorney for services based on the attorney's total time commitment through confirmation of the Plan, but attorney will not charge more than the actual time involved bill at the hourly rate for attorney and paralegal.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Extraordinary services, including, but not limited to, representation in any dischargeability actions, or any other contested matters or adversary proceedings not listed in subparagraph 6(d) above; conversion to other bankruptcy chapters, dismissal proceedings, appeals, and amendments. Nonbankruptcy services are excluded, including but not limited to: representation in any state court action, including all civil and criminal actions; representation regarding real estate, such as foreclosure work-outs, deeds, and clearing title to real estate; and representation of any kind regarding tax liabilities and taxation issues outside of treatment of taxes in a Chapter 13 case.**

In re Russell E. Schickling  
Kathy L. Schickling

Debtor(s)

Case No. 16-00997

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 2, 2016

*Date*

/s/ H. J. Dane

H. J. Dane IA#9999913; IL#6182600

*Signature of Attorney*

IA#9999913; IL#6182600

KSTT Place

1111 E. River Drive

Davenport, IA 52803

563-326-0006 Fax: 563-326-6204

hjdane@hjdane.com

*Name of law firm*